



NAME: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ PERSONAL BEST: \_\_\_\_\_

## HOW IS YOUR ASTHMA?

## ACTIONS

### WELL CONTROLLED ASTHMA

- NO COUGH
- NO WHEEZE
- DOES NOT USE RELIEVER MEDICATION MORE OFTEN THAN USUAL
- CAN UNDERTAKE NORMAL DAILY ACTIVITIES

### TAKE YOUR REGULAR TREATMENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*AT THE FIRST SIGN OF A COLD, GO TO YELLOW ZONE

### WORSENING ASTHMA

- YOU NEED (\_\_\_\_\_) MORE OFTEN THAN USUAL
- MORE SHORT OF BREATH WITH ACTIVITY
- INCREASE IN COUGH AND/OR WHEEZE
- NORMAL ACTIVITIES ARE AFFECTED BY YOUR ASTHMA

1. TAKE \_\_\_ PUFFS \_\_\_ TIMES A DAY OF YOUR PREVENTER (\_\_\_\_\_).
2. TAKE EXTRA PUFFS OF YOUR RELIEVER(\_\_\_\_\_) UP TO \_\_\_ PUFFS \_\_\_ TIMES PER DAY, FOUR HOURS APART.
3. TAKE YOUR RELIEVER MEDICATION EVERY FOUR HOURS FOR AT LEAST THE FIRST 48 HOURS ONCE SYMPTOMS START.

### SEVERE ASTHMA

- LITTLE RELIEF FROM RELIEVER MEDICATION
- MORE SHORT OF BREATH
- MUSCLE INDRAWING
- FAST BREATHING
- CHILD APPEARS SICKER (VOMITING/FEVER)
- IF CHILD HAS SYMPTOMS WHILE RESTING

1. START YELLOW ACTION ZONES IF YOU HAVE NOT ALREADY
2. SEE YOUR DOCTOR OR GO TO EMERGENCY DEPARTMENT

### SUDDEN SEVERE ASTHMA

- NO RELIEF FROM YOUR PUFFER
- HARD TO SPEAK
- FEEL FAINT
- LIPS/FINGERS TURNING BLUE
- FEEL FRIGHTENED

1. GET MEDICAL ATTENTION IMMEDIATELY
2. CALL AN AMBULANCE (SAFER & QUICKER).
3. START GIVING RELIEVER MEDICATION 1 PUFF EVERY FEW MINUTES UNTIL RELIEF OR HELP ARRIVES.

PREVENTER (reduces swelling & mucus) \_\_\_\_\_  
(rinse mouth following)

RELIEVER (relaxes muscles around airways) \_\_\_\_\_

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